

**TRANSPORTATION APPLICATION FOR DIVORCED/SEPARATED PARENTS**  
**2024-2025 SCHOOL YEAR**

I hereby give permission for my child, \_\_\_\_\_, to be transported by the Jefferson Township Board of Education for the 2024-2025 school year to/from the bus stop of \_\_\_\_\_ and to be cared for by \_\_\_\_\_ residing at \_\_\_\_\_, phone # \_\_\_\_\_, to be effective \_\_\_\_\_.

Transportation will be accommodated based on seat availability, and **you will be notified by your child's school of the exact start date.** Applications will be processed in chronological order. The last on-first off bump concept will be applied. If a new student moves into the area where this will be their legal route, the last shared custody student added will be bumped off of this route.

I will require:

\_\_\_\_\_ Transportation **to and from** other parent five days a week.

\_\_\_\_\_ Other Needs: **(AM 5 days a week or PM 5 days a week)**  
**(CIRCLE EITHER "AM" or "PM")**

**\*ALL TRANSPORTATION MUST BE TO THE SAME LOCATION (AM and/or PM) 5 DAYS PER WEEK. STUDENTS WILL NOT BE TRANSPORTED TO VARIOUS LOCATIONS DURING THE SAME WEEK OR ON DIFFERENT WEEKS DUE TO SHARED CUSTODY\***

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**PLEASE NOTE:**

- **I UNDERSTAND THAT BY CHOOSING THIS ARRANGEMENT, I WILL RELINQUISH A SEAT ON THE BUS ASSIGNED TO MY LEGAL STOP. SWITCHING BACK TO MY HOME STOP WILL DEPEND ON SEAT AVAILABILITY AND MUST BE APPROVED BY THE SCHOOL MY CHILD ATTENDS.**

\_\_\_\_\_  
Signature of parent/guardian

\_\_\_\_\_  
Address

Telephone # \_\_\_\_\_ Date \_\_\_\_\_

My child will attend \_\_\_\_\_ School.

**THIS FORM MUST BE FILLED OUT ANNUALLY**

**SUBMIT DIRECTLY TO THE MAIN OFFICE OF YOUR CHILD'S SCHOOL  
by 6/21/24 for a requested start date of 9/5/24.**

The Transportation Dept will not accept forms directly from parents.